

TREPPO TERRACE

8300 WEST BELOIT ROAD

WEST ALLIS 53219 Phone: (414) 607-4100

Operated from 1/1 To 12/31 Days of Operation: 365

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/01): 28

Total Licensed Bed Capacity (12/31/01): 28

Number of Residents on 12/31/01: 27

Ownership:

Highest Level License:

Operate in Conjunction with CBRF? No

Title 18 (Medicare) Certified? No

Title 19 (Medicaid) Certified? Yes

Average Daily Census: 25

Non-Profit Corporation

Skilled

No

No

Yes

25

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01)				Length of Stay (12/31/01)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		44.4
Supp. Home Care-Personal Care	No					1 - 4 Years		40.7
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	0.0	More Than 4 Years		14.8
Day Services	No	Mental Illness (Org./Psy)	25.9	65 - 74	7.4			-----
Respite Care	No	Mental Illness (Other)	3.7	75 - 84	44.4			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	40.7	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	7.4	Full-Time Equivalent		
Congregate Meals	No	Cancer	0.0		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/01)		
Other Meals	No	Cardiovascular	14.8	65 & Over	100.0	-----		
Transportation	No	Cerebrovascular	11.1		-----	RNs		12.2
Referral Service	No	Diabetes	0.0	Sex	%	LPNs		20.4
Other Services	No	Respiratory	0.0		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	44.4	Male	0.0	Aides, & Orderlies		
Mentally Ill	No		-----	Female	100.0			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

Level of Care	Medicare (Title 18)			Medicaid (Title 19)			Other		Private Pay			Family Care			Managed Care			Total Resi- dents	% Of All	
	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)			
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	0	0.0	0	17	73.9	116	0	0.0	0	4	100.0	147	0	0.0	0	0	0.0	0	21	77.8
Intermediate	---	---	---	6	26.1	93	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	6	22.2
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		23	100.0		0	0.0		4	100.0		0	0.0		0	0.0		27	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01				
				% Needing Assistance of One Or Two Staff	% Totally Dependent	Total Number of Residents
Percent Admissions from		Activities of	%			
Private Home/No Home Health	0.0	Daily Living (ADL)	Independent			
Private Home/With Home Health	3.3	Bathing	3.7	55.6	40.7	27
Other Nursing Homes	16.7	Dressing	22.2	51.9	25.9	27
Acute Care Hospitals	80.0	Transferring	33.3	33.3	33.3	27
Psych. Hosp. -MR/DD Facilities	0.0	Toilet Use	25.9	37.0	37.0	27
Rehabilitation Hospitals	0.0	Eating	48.1	48.1	3.7	27
Other Locations	0.0	*****				
Total Number of Admissions	30	Continence	%	Special Treatments		%
Percent Discharges To:		Indwelling Or External Catheter	3.7	Receiving Respiratory Care		11.1
Private Home/No Home Health	0.0	Occ/Freq. Incontinent of Bladder	48.1	Receiving Tracheostomy Care		0.0
Private Home/With Home Health	0.0	Occ/Freq. Incontinent of Bowel	22.2	Receiving Suctioning		0.0
Other Nursing Homes	7.1	Mobility		Receiving Ostomy Care		11.1
Acute Care Hospitals	64.3			Receiving Tube Feeding		3.7
Psych. Hosp. -MR/DD Facilities	0.0	Physically Restrained	0.0	Receiving Mechanically Altered Diets		25.9
Rehabilitation Hospitals	0.0	Skin Care		Other Resident Characteristics		
Other Locations	10.7			Have Advance Directives		100.0
Deaths	17.9	With Pressure Sores	3.7	Medications		
Total Number of Discharges		With Rashes	0.0	Receiving Psychoactive Drugs		25.9
(Including Deaths)	28					

Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Nonprofit Peer Group %	Ratio	Bed Size: Under 50 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	89.3	88.9	1.00	69.0	1.29	82.7	1.08	84.6	1.06
Current Residents from In-County	100	88.1	1.14	82.5	1.21	85.3	1.17	77.0	1.30
Admissions from In-County, Still Residing	40.0	22.9	1.74	28.7	1.40	21.2	1.89	20.8	1.92
Admissions/Average Daily Census	120.0	129.6	0.93	122.8	0.98	148.4	0.81	128.9	0.93
Discharges/Average Daily Census	112.0	133.7	0.84	120.0	0.93	150.4	0.74	130.0	0.86
Discharges To Private Residence/Average Daily Census	0.0	47.6	0.00	11.0	0.00	58.0	0.00	52.8	0.00
Residents Receiving Skilled Care	77.8	90.5	0.86	72.7	1.07	91.7	0.85	85.3	0.91
Residents Aged 65 and Older	100	97.0	1.03	93.0	1.08	91.6	1.09	87.5	1.14
Title 19 (Medicaid) Funded Residents	85.2	56.0	1.52	60.8	1.40	64.4	1.32	68.7	1.24
Private Pay Funded Residents	14.8	35.1	0.42	21.0	0.71	23.8	0.62	22.0	0.67
Developmentally Disabled Residents	0.0	0.5	0.00	0.0	.	0.9	0.00	7.6	0.00
Mentally Ill Residents	29.6	30.9	0.96	41.3	0.72	32.2	0.92	33.8	0.88
General Medical Service Residents	44.4	27.3	1.63	25.9	1.72	23.2	1.92	19.4	2.29
Impaired ADL (Mean)	51.9	50.3	1.03	53.3	0.97	51.3	1.01	49.3	1.05
Psychological Problems	25.9	52.4	0.49	46.2	0.56	50.5	0.51	51.9	0.50
Nursing Care Required (Mean)	6.9	7.1	0.98	7.8	0.89	7.2	0.96	7.3	0.95